Pre-Determination Ltr (RO) 20-477-331

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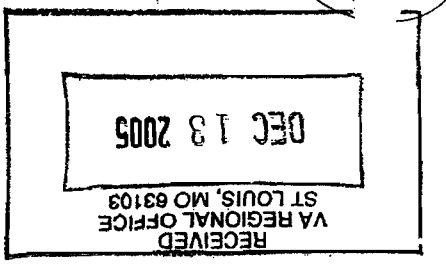


Pge 1 of 10
HESTER MILLER
Claim # 20 477 331
Date Submitted:

I am responding to VA letter dated 10-17-05. Please re-read VA Form 21-4138 dated 8-31-05. I did not make a claim for Atypical Chest Pain. I was advising VA on an emergency trip to the emergency room at John Cochran VAMC on 8-5-05. I was diagnosis with atypical chest pain, and to continue to take my current medicine.

I then advised I went back to the doctor on 8-22-05,due to the pain not going away and I saw my regular doctor. He changed my medication to Hyoscyamine Sulfate.

My request on VA Form 21-4138, dated 8-31-05, were to be consider for a 100% Compensation rating. Other words to change my rating from Un-employability rating to a 100 % Compensation Rating. I stated; I believe my condition should have been rated 100% from the beginning. (I am told one thing, and then find out, it is something else). I then advised on how the doctor in the emergency room on 8-5-05 only advised me to continue taking my current medication, and sent me home. My assigned VA doctor changed my medication and advised me that the Atypical Chest Pain I am having, come from my Bilroth II condition. The pain rotates to the chest area is why I was feeling the pain in the chest. I then advised on the medicine (Hyoscamine sulfate) goes under my tongue as if I am having a heart attack. The medicine gave me quick relieve of the pain. I remember taking this medicine once before for this condition. My doctor also advised me, he was going to give me a MRI to find out what was going on with my Bilroth condition. The above records on my explained condition should be found in my medical records from Jefferson Barracks VAMC and John Cochran VAMC. I am told that the atypical chest pain is a result from my bilroth condition and should be consider as a secondary condition being that I have to take medication for the pain it causes me. I am also requesting for VA to assist me in giving me all benefits I am entitle to due to my condition. Please be advised my medical records from 1968 to present are at VARO, St. Louis MO Regional Office. My complete file / records from all VA Facilities are combined in with the records at VARO, St, Louis MO, to include portions of my Military Records.

Your letter dated 10-17-05 began to explain, to be entitled to compensation based upon treatment by a VA Medical Center, two requirement must be met. First you must have a current disability or condition which is the result of treatment by a VA Medical Center. Secondly, the evidence must show that such disability or treatment was the result of carelessness, negligence, lack of proper skill, error in judgement on part of the VA Health care provider, or was the result of an event, which was not reasonably foreseeable.

VARO St. Louis

Exhibit C

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**HESTER MILLER**
**Claim # 20 477 331**

**My reason and answers to the above requirement are as follows:**

**Please note my military medical records began with a complaint / Questionable Heat Exhaustion with Blood pressure of 150/90 on 1-9-55. My next complaint was of my eyes dated May 24, 1955 Organization HQ & HQ 58. Again I was seen for painful eyes on June 8, 1955. My next complaint began with date of July 21, 1955, Co A, 47th A/B, I had pain in my right side. On Sept 7, 1955 my records show a Headache condition and I had passed on 6 Sept 1955, on Sept 30, 1955 I was treated for an upset stomach with stomach cramps. On 22 Jun 56, treated for Gonococcus. On August 6, 1956 HQ, Btry 11th FA Bn 24th Inf. Div APO 24 Korea, my diagnosis was Gastritis, acute, cau / undet. I was assigned Bed rest with sodium bicarb.**

**What is not shown in my records is that, my SSG and I were on the weapon range, and he asked me to trade spot with him. We traded spots and in that instance, he was shot in-between the eyes on the range. That incident affected my nerves. Another incident affected my nerves was when I was ready to ETS, another Miller, by mistake, was given my flight/seat on the plane and the Airplane crashed, killing the passengers. Those incidents rattled my nerves / stomach and given me nightmares. I am under the understanding, I should be consider for PTSD. My records do not show that the military doctors advised me to follow up on my conditions with my local VA Medical Center. However, due to the South being as it was (discrimination), it took me nine years before I was allowed into the local VA Medical Center. Doctor Middleton had to raise saying with the local VA Medical Center for me to be allowed in. Dr. Middleton, did not believe, I as a soldier should be treated that way, or people of color should be treated that way. His medical records are part of my file. My medical records dated 9-22-66 from Memphis reveals the beginning History / complaint on my conditions, starting with Gastroinstinal complaints and aforementioned hospitalization for ""Gastritis." It goes on to show that on 9-20-66, an upper G.I. series was performed which showed a deformity of the duodenal bulb and a history compatible with bleeding or secondary to peptic ulcer disease and on 9-22-66, admitted for further evaluation and for treatment. It also states X-ray evidence of a deformed duodenal bulb and a history compatible with bleeding or obstruction due to his ulcer. Please see attached medical records from Memphis, which also shows Dental treatment for Gingivitis and other treatment. The records dated 9-22-5-66 also talks of my treatment in 1957 at Ft. Lewis Washington, hospitalized for approximately two wks., and given a bland diet consisting of antacids and milk and cream. On March 29, 1967 admitted again in Memphis Tenn, for second time for duodenal ulcer disease.**

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**HESTER MILLER**
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**It goes on to show that In view of the patient's ten year history of peptic ulcer symptoms, it was elected to treat him continually vigorously at home. He was advised of the need of a bland diet, GI Mix and milk and cream. He is to see his private physician as needed for symptoms. Also since the patient misses work approximately three months a year some though was given to surgical treatment of his ulcer disease, however, it was elected to try once more medical regimen.**

**Please note that on 5-2-67, Medical records show that Duodenal Ulcer per letter Red Cross dated 4-11-1967, a Report of decision made by Director of VA Compensation & Pension Service, I was given a 20% rating. The records also show I had a headache, stomach problem with being weak and nervous. The records covers a period from 5-2-67 thru 10-6-67 which shows very nervous and the pain I was having, with blurred vision. A DC of GI Mix was order and shows to much g.i. mix, anxiety as well as active ulcer. Medical records dated 1-2-68 & 1-30-68 shows need to be rehab, and get education on GI mix and shows a complaint of pain right side as same while in the armed forces.**

**Medical records dated 2-6-68 from VAH, Memphis, Tenn 38104 show Vagotomy and Gastroenterostomy, appendectomy 2-13-68 and also show, had two hopsitalization for medical treatments of the ulcer, but non-effective result. How I misses work often due to illness. It also shows the patient is young and intelligent and it was believed that he should be able to handle psychlogical aspect of surgical treatment. X-rays revealed a marked deormity of the duodenal bulb; however, the patient had relatively low gastric acid.**

**Medical Records VAH, Memphis, Tenn with date of 2-14-68 and operation date of 2-13-68, shows: Preoperative Diagnosis as Duodenal ulcer with intracable pain. The operation performed: Vagotomy, gastroenterostomy, appendectomy. It is noted age 30 years old Negro male has had chronic duodenal ulcer since 1956 has had two hospitalization for pain in 1965 and 1966 with continue pain in spite of medical therapy gastroenterostomy and vagotomy are being done. The records also show how my condition affective my job due to the lifting involved.**

**Clinical Records with date of 2-15-68 shows; surgery date obtained 2-13-68, specimen 1. Vagus nerve and 2. Appendix. The operation shows, this duodenal ulcer has some induration . (The hardening of a tissue or part, resulting from hyperemia, infiltration by neoplasm).**

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**See VA Form 10-2827 Veterans Administration Application for Outpatient Treatment with date of 8-7-68 still showing 20% SC, Duodenal Ulcer—(VARO-Nashville, Tenn-Tel con. 8-7-68)**

**Medical record with date of 3-19-69 from VAH St. Louis Mo shows Diagnoses; 1. Postoperative antrectomy and vagotomy for peptic ulcer disease. 2. Recurrent peptic ulcer complaints, incomplete vagotomy. Operation performed: 1. Antrectomy and vagectomy, Bilroth II antecolic re-construction. Operation date 4-1-69, ooperative diagnoses: Intractible duodenal ulcer.**

**Clinical Record with date of 4-16-69, Specimen: Antrectomy & Vagectomy. Brief Clinical History: 31 year old Negro male with intractable ulcer underwent vagectomy and retro-colic gastroenterostomy 14 months age. Patient has persistent pain. Upper GI showed marked duodenal buld and less than ½ cm sized gastroenterostomt shich drains slowly. Hollander test positive for incomplete vagectomy. Taken to OR for RE-DO OF VAGECTOMY AND GASTRIC RESECTION.**

**Please see VA Form 10-1000 with admission date of 3-19-69, it shows Operation performed; 1. Antrectomy and vagectomy, Bilroth II antecolic reconstruction dated 4-14-69. It explain the problems / findings. It also show the operative procedure: After a satisfactory inductioin of general anesthesia and prep of the left arm with petadine and a small incision was made over the antecubital vein in the left arm and a partially severed intercath was removed. The wound was prepared with phisohex, Bethadine and alcohol and draped in the routine fashion utilizing steri-drape. I BELIEVE THIS IS WHEN THE NEEDLE WAS LEFT IN MY ARM.**

**Please see VA Form 10-7131, which shows I was only receiving $34.00 Compensation per month.**

**Medical records with Register No 20 477 331. Examination requested: Upper GI series PA Chest. Pertinent clinical history: Persisting post-op "food sours", pain in area of abdominal surgery, with date of request 5-19-70. The stomach has been partially resected with a Bilroth II type anastomosis.**

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Please see Standard Form 513 Clinical Record Consultation Sheet dated 6-2-70 from Dr. Fingerhood. It shows / tell of me losing my job as a Supervisor saleman for an insurance Co., after 15 years w/ the company. The last sentence is talking / telling me, suggesting me to put in for an increase of my condition, due to me only getting 20% comp.

Medical records dated 8-11-70 Dr. J. T. Kaminskas M.D. Chief, Admission & Outpatient Service records shows, I am having some pain in the upper abdomen and vomiting spell and is being treated at John Cochran VA Medical Center. The Diagnosis: 1. Old P. O. Subtotal Gastrectomy, Symptomatic



VAH St. Louis Mo dated 1-5-71 thru 1-6-71 shows I was having problem with my Lumbosacral Spine.

VA Clinical Record dated 4-24-75 shows symptomatology: Headaches, neck aches, lumbosacral backaches. These are condition I believe is the result from my surgeries. It also tell I am still having problems with regurigitation and have to eat six small meals a day. This is a report on my Mental Hygiene, it is showing diagnosis: Anxiety, Nervous.

See letter dated 2-4-76 from Maureen Wheeler R.R.A. Chief, Medical Information Section advising my employer on me attending Group Therapy and letter dated 3-1-76 from Richard P. Statham M.D., Director, Day Hospital Program, advising my employer on attempting to regulate my medication and would have to be away from my job about two more weeks.

Please see VA Form 10-7978 Problem Oriented Progress Notes dated 3-9-1976 done by Medical Student Out-Patient write-up. It explain my condition and the problem with my nerves stomach and conditions.

Medical Records dated 10-4-83 shows continue problem with my condition. My records are at the St. Louis VARO office and have all of

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the records I have mention with my problems from day one, until now, a complete file showing all complaints related to my surgery.

Medical record consultation sheet dated 4-20-84 shows a 20% service connected vet with a number of complaints that should be follow in specialty clinic. It also states 20% sc for vagotomy due to peptic ulcer syndrome was follow in MHC for emotional complaint of this condition. The point here is to show a continue pattern of problem from my surgery until present.

VA Form 10-1000 dated 10-1-84 admission date with 10-11-84 discharge date shows a history of present illness. Patient is a 46 year old black male who presents with a 2 year history of burning and bloating in the stomach about 15 minutes after each meal and also has begun vomiting 15 minutes after each meal. It also talks about the numbness in my left arm. It show I had the numbness in my left arm, since I had an intravenous catheter break off in my vein. This records show the Hospital Course, Patient was admitted to the 7c General Surgery Service on 10-3-84, patient underwent an EGD which revealed bile in the stomach, gastritis, a small hiatal hernia but the gastric outlet was open. It shows during the hospitalization, patient was documented and witnessed to have vomited numerous times. The vomit was usually bilious in nature. THIS IS IN 1984, and lasted until my recent surgery in 2005 to correct the problem. It was decided to try and treat me conservatively w/medication. Can you image yourself regurgitating bile for 21 years. This condition alone can give a person a depression problem.

Medical records dated 3-14-85 is when I was admitted for the Keloid surgery of my left arm from the needle left in my arm. You can see the amount of pain / suffering I have encounter from my peptic ulcer surgery. Please note medical record dated 3-14-85 with Dr. Barger register no 428-66-9807, shows the keloid scar which measured

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approximately 2x4 cm was excised. I am still having problem as of todays date and is being treated for my left arm keloid condition. This is a hospital mistake. See medical records dated 3-20-85 it show speciment submitted by Dr. Barger of the keloid. Records dated 3-22-85 SPECIAL PROCEDURES, shows the complaint and problem after the keloid surgery.

Medical records date 6-9-86 is talking about my keloid surgery and me using a tens unit for the condition.

Medical Record Radiographic Reports: Left elbow 8-13-86 Metallic wires seen over the proximal humerus which are possibly from a pain or nerves stimulator.



Standard Form 522 Request for administration of anesthesia and for performance of operations and other procedures: Pass a tube, with light on it, to the bowel through the anus to inspect the inside of the last two feet of my large bowel. Removing pieces of the lining tissue or the entire portion of abnormal tissue. Form is dated 11-1986.

See Progress Notes dated 4-3-87 and 4-21-87, by Dr. Glenn Ramsey it speaks on my Education and job, and mention my left arm as it relates to me doing my job.

Medical Certificate VA Form 10-10m dated 4-21-87 still having problem with my left arm getting worse even after surgery. Medical Record Progress notes dated 5-20-87 is discussion of the pain and history of the incident with my left arm.

Standard Form 522 Medical Record, Request for Administration of Anesthesia and for performance of operations and other procedure: Upper Endoscopy. Passing a lighted flexxible tube through the mouth, into the esophagus(Swallowing tube) stomach, and small bowel, and

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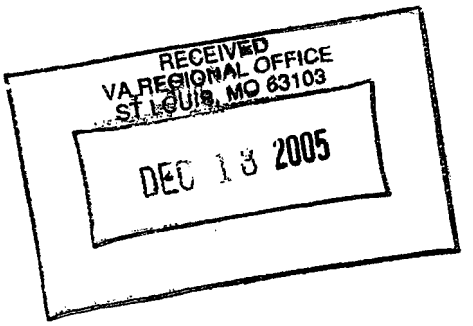
**possible taking a biopsy. Possible complications include drug reaction, bleeding, and perforation (making a hole in the bowel which could require surgical repair). I believe the date is 5-21-87. It shows my address as 1241 Hickory Apt # 211, St. Louis, Louis, Mo.**

**VA Form 10-1000 with admission date of 3-15-88 and discharge date of 4-15-88; shows patient is a 50 year old black male with a long history of "bad nerves", who presents with a six month history of first-time visual and tactile hallucinations. Patient's visual hallucinations consist of snakes and bears walking across the floor. As you can see this report shows I was taken off of Hydroxyzine and given Stelazine, I believe my medication is causing / have a lot to do with my depression / nerve conditon as well as my medical condition.**

**Clinical Record on Standard Form 507 with date of 4-1-88 is a Neuropsychological Report which show I advised the doctors of me and my SGT trading positions in a bunker which was on the firing range when he was shot in the head and killed. I believe this report shows my history and problems. It does not show / mention the Airplane incident when another Miller was given my flight and the plane crashed. I would conclude with this report by saying my surgery have caused me to be depress, stress out, to include medication. I have a problem mentally / physical and emotional, I too concur, if it was not for my faith in the lord, I would be a total mental case.**

**Medical Records dated 4-26-88 show the pain with my arm and hand cramping. Records 0f 5-3-88, record of 6-28-88 shows chronic keloid (L) arm injected several times in past. Also see 7-6-88 medical report on arm.**

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**VA Form 10-7978M Medical Record – Discharge Instructions dated 10-19-88. Shows Diagnoses as: Bilary Colick, and Bile Gastritis and suggested plan for followup: as Pt to be readmitted 10-24-88 for surgery 10-25-88. Please see VA Form 10-1000, Discharge Summary of surgery.**

**On Standard Form 522 Request for Administration of Anesthesia and for Performance of Operations and other procedures, dated 10-24-88, it shows Operation or procedure and statement of request which is to be performed by or under the direction of Dr. Pager. Take out gall bladder and check duct for stones, with x-rays, re-do connection between stomach and small bowel. On the operation report dated 10-31-88, it shows Operation performed: Exploratory laparotomy, lysis of adhesions, esophagogastroscopy, cholecystecomy, intra-operative cholangiograms.**

**Medical Record Progress Notes dated 12-27-88 list problems as PTSD & Atypical Psychosis.**

**VA Form 10-9034a Medical Record Report show Discharge Diagnosis with date dictated as 6-18-90 and typed 6-19-90 shows Post abdominal surgery times three in 1968, 1969, 1989 for Peptic ucler disease. It also show the initial operations were for peptic ulcer disease and the most recent surgery was for apparent gastric outlet obstruction secondary to postoperative changes.**

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**HESTER MILLER**
**Claim # 20 477 331**

**Signature:** [signature]
12/13/05



**I am trying to secure my records from 6-19-90 thru 6-19-2003. Those records would show my continue problem with my condition.**

**I received VARO letter from Nashville, TN advising me on continuing my benefits at 60% dated 6-20-03. My condition should have been rated at 100%.**



**I have tried to give a picture view of my condition from the start of my military career until present. All of the information has come from my records, which is at VARO St. Louis, Mo. I believe you can see how one operation became repetitive and caused other problem / surgery. My last operation done by Dr. Banerjee is of records, which is also at VARO, St. Louis, MO**

**I have not had 100% relieve from pain / suffering since I left the service. I have continuously been in and out of the hospital as my records have shown. My records speaks for it-self on all the operations and parts removed, staple/ stitched sown etc.**

**-------END------**